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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

10: Department of Alcoholic Beverage Control

1901 Broadway

Sacramento, Calif. 95818

Backbon

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:**2. NAME(S) OF APPLICANT(S)**

PATTON, E. Edward/Michael C.

1. TYPE(S) OF LICENSE(S)On Sale General Eating
PlaceApplied under Sec. 24044 ☐
Effective Date: Issuance**FILE NO.**

RECEIPT NO.

GEOGRAPHICAL
CODEDate
Issued

Temp. Permit

066999

Effective Date: 3-14-99

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.

TYPE

Per to Per

\$ 1,250.00

47

4. Name of Business
Big "E"'s**5. Location of Business—Number and Street**

920 S. Cherokee Land, suite D

City and Zip Code
Lodi, 95240County
San Joaquin

TOTAL

\$ 1,250.00

**6. If Premises Licensed,
Show Type of License**

47

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street
P.O. Box 1171, Woodbridge, CA 95258

(Temp) (Perm)

Perm

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin Date 3-9-90

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee, with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of San Joaquin Date 3-9-90

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

John J. INVESTMENTS		017117231
John J. INVESTMENTS		

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

ESPARZA, Ernestine & Joe

GOMEZ, Gloria & Jose

1. TYPE(S) OF LICENSE(S)

SMALL BEER MANUFACTURERS

Applied under Sec. 24044 ☐

Effective Date: Issuance

FILE NO.**RECEIPT NO.****GEOGRAPHICAL
CODE** 3902**Date
Issued****Temp. Permit****Effective Date:****3. TYPE(S) OF TRANSACTION(S)****FEE****LIC.
TYPE**ORIGINAL LICENSE (See Rec. #
487793)

\$ ———

13

Annual Fee (See Rec. #487793)

———

4. Name of Business

El Pajaro #2

Balance due for Annual Fee

66.00

5. Location of Business—Number and Street

212 S. School St.

Service Chg.

50.00

City and zip code

Lodi, 95240

County

San Joaquin

TOTAL \$ 116.00**6. If Premises Licensed.**

Show Type of license

41

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

Same

Permit

(Temp) (Perm)

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-2-90

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

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SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of _____ Date _____

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of licensee(s)**17. Signature(s) of licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use OnlyAttached: ☐ Recorded notice,☐ Fiduciary papers,☐ _____

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Renewal: Fee of _____

Paid at _____

Office on _____

Receipt No. _____

85-9251

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
 1901 Broadway Stockton
 Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
 licenses described as follows:

2. NAME(S) OF APPLICANT(S)

AVITIA, Guadalupe/Roque

1. TYPE(S) OF LICENSE(S)

On Sale Beer, Wine
 Eating Place

FILE NO.**RECEIPT NO.**

300418
**GEOGRAPHICAL
 CODE** 3902

Date
 Issued

Temp. Permit

Applied under Sec. 24044 ☐

Effective Date: Issuance

Effective Date:

3. TYPE(S) OF TRANSACTION(S)**FEE****LIC.
TYPE**

Per to Per

\$ 150.00

41

4. Name of Business**5. Location of Business—Number and Street**

302 N. Crescent Ave.

City and Zip Code
 Lodi, 95240

County
 San Joaquin

TOTAL

\$ 150.00

☒ If Premises Licensed,
 Show Type of License 41

7. Are Premises Inside
 City Limits? ~~XXXX~~ Yes

8. Mailing Address (if different from 5)—Number and Street
 Same

(Temp) (Perm)

9. Have you ever been convicted of a felony?

No

10. Have you ever violated any of the provisions of the Alcoholic
 Beverage Control Act or regulations of the Department per-
 taining to the Act? No

11. Explain "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
 (b) that he will not violate or could or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 2-13-90

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APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of San Joaquin

Date 2-13-90

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16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)****19. Location**

Number and Street

City and Zip Code

County

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Attached: ☐ Recorded notice,
☐ Fiduciary papers,

☐ COPIES MAILED

☒ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____